FORM D SEC Mail Processing Section

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

Washington, DC 101

AUG 14 2008

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

14931	69					
OMB APP	ROVAL					
OMB Number:	3235-0076					
Expires:						
Estimated average burden						
hours per respo	nse16.00					

SEC USE ONLY						
Prefix	Serial					
DATE RECEIVED						
1	1					

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)						
Placidis-iQ USA LLC						
Filing Under (Check box(es) that apply):						
——————————————————————————————————————						
A. BASIC IDENTIFICATION DATA						
1. Enter the information requested about the issuer						
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)						
Placidis-iQ USA LLC						
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)						
2759 Delk Road Suite 2550, Marietta, GA 30067 (404) 784-3248; (770) 226 0050						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Telephone Number (Including Area Code)						
Brief Description of Business						
Placidis-iQ USA, LLC was organized to provide to provide quality and dynamic satellite guided location driven digital communications technology.						
Type of Business Organization						
corporation   limited partnership, already formed   other (please specify):						
- PROCESSED						
Actual or Estimated Date of Incorporation or Organization: OP OB X Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)  AUG 21 2008						
GENERAL INSTRUCTIONS THOMSON REUIERS						
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).						
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.						
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.						
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.						
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.						
Filing Fee: There is no federal filing fee.						
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.						
ATTENTION —						
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.						

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A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years:</li> </ul>									
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the iss</li> </ul>									
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>									
Each general and managing partner of partnership issuers.									
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual) Nosegbe, Edmund O									
Business or Residence Address (Number and Street, City, State, Zip Code) 2759 Delk Road Suite 2550, Marietta, GA 30067									
Check Box(es) that Apply: Promoter Deneficial Owner Deneficer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Elumelu-James, Mary Jane AJU									
Business or Residence Address (Number and Street, City, State, Zip Code) 2759 Delk Road Suite 2550, Marietta, GA 30067									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual) N/A									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual) N/A									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual) N/A									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual) N/A									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual) N/A									
Business of Residence Address (Number and Street, City, State, Zip Code)									

	B. INFORMATION ABOUT OFFERING												
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1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.							<b>E</b>					
2.									s_10,	00.00			
											Yes	No	
3.	J. J												
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										•		
	Full Name (Last name first, if individual) N/A												
	·	Residence	Address (N	lumber and	Street, Ci	ity, State, 7	ip Code)						
			<del></del>	<del></del>							<del></del>		- <del></del>
Nai	ne of Ass	ociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers			<del></del>			
	(Check	All States	or check	individual	States)		••••••	********	***************	***************************************		☐ All States	
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful N/		ast name	first, if indi	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)					··	
Nai	me of Ass	ociated Bi	oker or De	aler					····			· · · · · · · · · · · · · · · · · · ·	<del></del>
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers		<del></del>				···
	(Check	'All States	or check	individual	States)	***************************************		************	***************************************			☐ All States	
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful N/A	-	ast name	first, if indi	ividual)	-								
		Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)					<del></del>	
<del></del>													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)								States					
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OK WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

t.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate Offering Price	Amount Already Sold
	Deht	_	\$
	EquityS		
	Common Preferred		Ð <u></u>
	<del>-</del>		•
	Convertible Securities (including warrants)		
	Partnership Interests		\$
	Other (Specify LLC Membership Units )		\$
	Total		\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	0	\$_0.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)	0	\$_0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		s
	Regulation A		\$
	Rule 504		\$
	Total	·	\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		<b>S</b>
	Legal Fees		<b>\$</b> 7,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	S
	Other Expenses (identify)	_	\$
	Total		\$ 7,000.00
			·

	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES AND USE OF	PROCEEDS		
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Q proceeds to the issuer."	uestion 4.a. This difference is the adjusted gross	<b>,</b>	\$593,000.00	
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C				
			Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees		<b>25,000.00</b>		
	Purchase of real estate				
	Purchase, rental or leasing and installation of machi	nery		s	
	Construction or leasing of plant buildings and facili			_	
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)				
	Repayment of indebtedness				
	Working capital	,,,,,	<del></del>	_	
	Other (specify): FCC, Tax Certificate, Office Rent	tal, FF & E, Advetising & Media, Travel &			
	Hotel, inventory / Q1 expenses.				
			□ \$	<b></b> \$	
	Column Totals		_	_	
	Total Payments Listed (column totals added)		<b>2</b> \$ 593,000.00		
3.3	Torta	D. FEDERAL SIGNATURE		, , , , , , , , , , , , , , , , , , ,	
sig	issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furnition furnished by the issuer to any non-accre	sh to the U.S. Securities and Exchange Commi-	ssion, upon writte		
Iss	ter (Print or Type)	Signature /	Date	······································	
Pla	acidis-iQ USA LLC	192/1	7-1	1-08	
		Fitle of Signer (Print or Type)	<u> </u>		
Edr	nund Nosegbe	Managing Member - Placidis-iQ USA LLC			

 $\mathcal{END}$ 

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)